

PLACER COUNTY BUILDING DEPARTMENT PERMIT PROCESSING APPLICATION

PLEASE BE ADVISED THAT THIS APPLICATION IS PUBLIC INFORMATION
AUBURN OFFICE (530) 886-3010/TAHOE OFFICE (530) 581-6200

APN: _____ PC NO. _____

OWNER OF PROPERTY:		TELEPHONE NO:	
MAILING ADDRESS: _____ (Complete address) Street Number, Name, Town and Zip Code			
CONTRACTOR'S NAME:		TELEPHONE NO:	
MAILING ADDRESS: _____ (Complete address) Street Number, Name, Town and Zip Code			
CONTRACTOR'S STATE LICENSE NO./CLASS/EXPIRATION DATE:			
WORKER'S COMPENSATION APPLICABLE? YES NO CARRIER\ POLICY NO.			
LICENSED ARCHITECT OR ENGINEER:		TELEPHONE NO:	
MAILING ADDRESS: _____			
ARCHITECT/ENGINEER'S LICENSE NO./EXPIRATION DATE:			
CONTACT PERSON/ADDRESS TO SEND CORRECTION LIST:			
PHONE NO.		FAX NO.	EMAIL:
CONSTRUCTION LENDING AGENCY/ADDRESS:			
PROJECT LOCATION: _____ AREA (CITY/TOWN) STREET NO STREET NAME			
NEAREST STREETS:			
SUBDIVISION NAME (If applicable):		LOT NO:	

DESCRIBE WORK TO BE DONE: _____

NEW DWELLING ____ ADDITION/CONVERSION ____ GARAGE ____ NO. OF BEDROOMS____ NO. OF STORIES ____

IS THERE A MANUFACTUER HOME INVOLVED? ____ NO ____ YES (TEMPORARY WHILE BUILDING THE HOME)

*****OFFICE USE ONLY*****

NEW SQ FOOTAGE	OCCUPANCY	VALUE	ESTIMATED P C VALUATION	PC AMOUNT
	LIVING AREA	65.28/89.63		
	UNFINISHED LIVING	52.22/71.70		
	GARAGE/STORAGE	23.57		
	PORCHES/COVERED DECK	16.10		
	DECK	10.00		
	GARAGE CONV TO LIVING	41.71/66.06		
	SUNROOM/GREENHOUSE	23.57		
	CARPORT/BREEZEWAY	16.10		
	BASEMENT	14.16/17.17		
			PLAN CHECK FEE	\$ _____

APPLICANT'S SIGNATURE
OWNER _____ CONTRACTOR _____ AGENT _____

AMOUNT PAID	RECEIPT #	BY:	DATE:
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